Complete If Known

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2005				cation Number	10/820,213		
				Date	July 15, 2003		
				Named Inventor	Edward Park		
Applicant claims small entity status. See 37 CFR 1.27			Exam	niner Name	Nathan M. Nutter		
			Art U	nit	1711		
TOTAL AMOUNT OF PA	AYMENT	(\$) 180	Attorr	ney Docket No.	03-0020 (8470-000004)		
METHOD OF PAYMENT (check all that apply)							
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):							
Deposit Account Deposit Account Number: 08-0750 Deposit Account Name: Harness, Dickey & Pierce, P.L.C.							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee							
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments Under 37 CFR 1.16 and 1.17							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card							
information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	<u> </u>		SEARCI	H FEES	EXAMINA	EXAMINATION FEES	
	Small Entity			Small Entit	Y .	Small Entity	
Application Type	Fee (\$		Fee(\$)	Fee(\$)	<u>Fee(\$)</u>	Fee(\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	' 0	0	
2. EXCESS CLAIM FEES Small Entity							
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200 360	100
Multiple dependent claims Total Claims Extra Claims Fee(\$) Fee Paid (\$)							180
<u>Total Claims</u> <u>Extra Claims</u> <u>Fee(\$)</u> <u>Fee Paid (\$)</u>						Multiple Dependent Claims	

Indep. Claims Extra Claims Fee(\$) Fee Paid (\$)

- 3 or HP= 0 x = 0

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

Name (Print/Type)

-20 or HP=

0

HP = highest number of total claims paid for, if greater than 20.

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheats Extra Sheets Number of each additional 50 or fraction thereof = 0 / 50 = 0 (round up to a whole number) x = 0

0

OTHÉR FEE(S)
 Non-English Specification, \$130 fee (no small entity discount)
 Other (e.g., late filing surcharge): IDS Fee

Effective on 12/08/2004.

pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Fees Paid (\$)

180

Fee Paid (\$)

Fee (\$)

SUBMITTED BY

Signature Registration No. (Attorney/Agent) 41,026 Telephone , 248-641-1500

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Critic Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.